

Case Number:	CM13-0055618		
Date Assigned:	06/13/2014	Date of Injury:	07/15/2005
Decision Date:	03/12/2015	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Chiropractor

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old female who sustained a work related injury on 7/15/2005. Diagnoses include multiple herniated nucleus pulposus (HNP) of the cervical spine with neural foraminal narrowing, canal stenosis C3-4 mild, C4-5 moderate and C5-6 moderate, cervical radiculopathy, and degenerative disc disease of the cervical spine with facet arthropathy and retrolisthesis. Past treatments include medications, chiropractic treatment, and epidural injections. Magnetic resonance imaging (MRI) of the cervical spine from 7/9/2013 revealed degenerative disc disease, facet arthropathy, canal stenosis, and neural foraminal narrowing. According to the Request for Authorization for spinal surgery dated 8/13/2013, the injured worker presented with neck and bilateral upper extremity complaints. The injured worker reported radiation of pain, numbness, and tingling down her right arm to her fingers. Current medications included Norco 5/325mg twice and day, reglan and Prilosec. Physical examination revealed tenderness to palpation of the cervical spine, right much worse than left. Range of motion of the cervical spine was decreased. Treatment plan included spinal fusion with post-op chiropractic treatment. Per a supplemental report dated 11/08/2013, the spinal fusion was not authorized.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Postoperative chiropractic 2 times a week for 4 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. The current request for 8 sessions of chiropractic therapy would exceed guideline recommendations. Additionally, it was noted in the documentation provided that the surgical procedure has not been authorized. As such, the associated request for postoperative therapy is not medically necessary.